

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-011675  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 160

Primary Registration District No. 152

Registrar's No. 54

FILED APR 10 1962

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY Jeff.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL JOACHIM		Length of stay in lb 3 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jefferson Memorial Hos		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Tobias Middle Vachalek Last		4. DATE OF DEATH Month 4 Day 1 Year 62	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/13/84
9. AGE (last birthday) 87		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED GLASS WORKER		10b. KIND OF BUSINESS OR INDUSTRY PITTSBURG PLATE LAB, Czechoslovakia	
11. BIRTHPLACE (City and state or country) LAB, Czechoslovakia		12. CITIZEN OF WHAT COUNTRY Czechoslovakia	
13a. FATHER'S NAME Paul Vachalek		13b. MOTHER'S MAIDEN NAME Anna Chmela	
14. NAME OF HUSBAND OR WIFE Mary Vachalek		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	
16. SOCIAL SECURITY NO. 26		17. INFORMANT Address John Vachalek crystal city, mo	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetes Mellitus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Coronary DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 6 months unk unk	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Feb 29/62 to April 1/62 and last saw her alive on April 1-62 Death occurred at m on the date stated and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Harry Goskit M.D. (Degree or title)		22b. ADDRESS Festus Mo	
22c. DATE SIGNED		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 4/4/1962		23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery	
23d. LOCATION (City, town, or county) Crystal City, Mo.		(State)	
24. FUNERAL DIRECTOR Gentry R. Politte, Crystal City, Mo.		25. DATE RECD. BY LOCAL REG. 4-3-62	
26. REGISTRAR'S SIGNATURE			

(Licensed Embelmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

APR 12 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

, working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Lentoy R Politt  
Licensed Embalmer No. 3481

P. O. Address \_\_\_\_\_

Corbett City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.